

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000053386			
1. Entity Name PATRICIO ORDONEZ & ASSOCIATES INC.			
Principal Place of Business 10550 SW 7 TERR MIAMI, FL 33174 US		Mailing Address 10550 SW 7 TERR MIAMI, FL 33174 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent GOMEZ, RODOLFO 1762 SW 1ST ST. MIAMI, FL 33135		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	DP		
NAME	ORDONEZ, PATRICIO		
STREET ADDRESS	10550 SW 7 TERR		
CITY - ST - ZIP	MIAMI, FL 33174		
TITLE	DV		
NAME	ORDONEZ, MARIA		
STREET ADDRESS	10550 SW 7 TERR		
CITY - ST - ZIP	MIAMI, FL 33174		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: <i>P. Ordonez</i> PATRICIO ORDONEZ		01-6-04 345 4982573	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	